



IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

APPLICANT(S): Gregory William Richard

APPLICATION NO.: 10/530,786

FILING DATE: April 8, 2005

TITLE: Medical Demonstration

EXAMINER: Not Yet Assigned

GROUP ART UNIT: 3737

ATTY. DKT. NO.: 23133-10300

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: 10/19/05

By: A.C. Smith
Albert C. Smith, Reg. No.: 20,355

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10/27/2005 MAYPASH 00000152 10530786
01 FC:2617 65.00 OP
RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

SIR:

Responsive to the Notice to File Missing Parts dated August 12, 2005
received in the above-identified patent application,

☒ Enclosed are:

☒ a copy of the Notice to File Missing Parts;

☒ an original, signed Declaration;

☒ an original, signed Power of Attorney;

☒ payment in the amount of \$ 65.00 for the

☐ application filing fee;

☐ fee for additional claims; and

☒ missing parts surcharge.

☐ Other

☐ Applicant claims small entity status under 37 C.F.R. § 1.27.

Respectfully submitted,
GREGORY WILLIAM RICHARD

Dated: 10/19/05

By: A-C Smith

Albert C. Smith, Reg. No.: 20,355

Fenwick & West LLP

801 California Street

Mountain View, CA 94041

Tel.: (650) 335-7296

Fax: (650) 938-5200



JC04 Rec'd PCT/PTO 24 OCT 2005 PCT +

TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	10/530,786	
	Filing Date	April 8, 2005	
	First Named Inventor	Gregory William Richard	
	Group Art Unit Number	3737	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	11	Attorney Docket Number	23133-10300

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed for \$205.00	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input checked="" type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input checked="" type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> Notice of Claim of Small Entity Status
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>
<input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT		
Signature:	<i>A.C. Smith</i>	
Attorney/Reg. No.:	Albert C. Smith, Reg. No. 20,355	Dated: 10/19/05

CERTIFICATE OF MAILING		
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.		
Signature:	<i>A.C. Smith</i>	
Typed or Printed Name:	Albert C. Smith	Dated: 10/19/05
Express Mail Mailing Number (optional):		



Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT | (\$) 165.00**Complete if Known**

Application Number	10/530,786
Filing Date	April 8, 2005
First Named Inventor	Gregory William Richard
Examiner Name	Not Yet Assigned
Art Unit	3737
Attorney Docket No.	23133-10300

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☐ Deposit Account:

Deposit Account Number

19-2555

Deposit Account Name

Fenwick & West LLP

The Commissioner is authorized to: *(check all that apply)*

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

	Large Entity	Small Entity
1. Revenue Recognition	Use the percentage-of-completion method.	Use the cost-of-sales method.
2. Impairment Testing	Test goodwill annually for impairment.	Not required to test goodwill for impairment.
3. Lease Accounting	Classify leases as operating or financing leases.	Classify all leases as operating leases.
4. Financial Statement Presentation	Provide more detailed disclosures.	Provide less detailed disclosures.

Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Code	(\$)	Code	(\$)		

SUBTOTAL (1)	(\$) 0
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below		Fee Paid
Total Claims	<input type="text"/>	-20**=	<input type="text"/>	X	<input type="text"/>	= <input type="text"/>
Independent Claims	<input type="text"/>	-3**=	<input type="text"/>	X	<input type="text"/>	= <input type="text"/>
Multiple Dependent					<input type="text"/>	= <input type="text"/>

	Large Entity	Small Entity
1. Revenue Recognition	Revenue is recognized when the performance obligation is satisfied, which is when control of the goods or services is transferred to the customer.	Revenue is recognized when the performance obligation is satisfied, which is when control of the goods or services is transferred to the customer.
2. Expense Recognition	Expenses are recognized when the related asset is consumed or the liability is incurred.	Expenses are recognized when the related asset is consumed or the liability is incurred.
3. Asset Recognition	Assets are recognized when they are acquired and control is transferred to the entity.	Assets are recognized when they are acquired and control is transferred to the entity.
4. Liability Recognition	Liabilities are recognized when they are incurred and control is transferred to the entity.	Liabilities are recognized when they are incurred and control is transferred to the entity.
5. Equity Recognition	Equity is recognized when it is contributed by the owners or shareholders.	Equity is recognized when it is contributed by the owners or shareholders.

<u>Fee</u> <u>Code</u>	<u>Fee</u> <u>(\$)</u>	<u>Fee</u> <u>Code</u>	<u>Fee</u> <u>(\$)</u>	<u>Fee Description</u>
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)	(\$) 0
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**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity
<p>1. Revenue</p> <p>2. Expenses</p> <p>3. Assets</p> <p>4. Liabilities</p> <p>5. Equity</p>	<p>1. Revenue</p> <p>2. Expenses</p> <p>3. Assets</p> <p>4. Liabilities</p> <p>5. Equity</p>

Fee Code	Fee (\$)	Fee Code	Fee (\$)
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1051	130	2051	65	Surcharge - late filing fee or oath or declaration	65.00
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within first month	60.00
1252	450	2252	225	Extension for reply within second month	
1253	1020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	500	2452	250	Petition to revive - unavoidable	
1453	1,500	2453	750	Petition to revive - unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	
1502	800	2502	400	Design issue fee	
1503	1100	2503	550	Plant issue fee	
1460	—	1460	—	Petitions to the Director	
1807	50	1807	50	Processing fee for Provisional Applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40.00
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

SUBTOTAL (3)	(\$) 165.00
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•Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type)

Albert C. Smith

Registration No.
(Attorney/Agent)

20.355

Complete (if applicable)

Telephone 650.335.7296

Signature

A. C. Smith

Date _____

10/19/05